

**Issue Classification**

\_\_\_\_\_  
(Assistant Examiner) (Date)

*[Signature]* 11/8/05  
(Legal Instruments Examiner) (Date)

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47		
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	5			35			65			125			155			185
	6			36			66			126			156			186
	7			37			67			127			157			187
	8			38			68			128			158			188
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	19			49			79			139			169			199
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	28			58			88			148			178			208
	29			59			89			149			179			209
	30			60			90			150			180			210